



Open Enrollment for State Agency Employees: May 14 - 26, 2017 Frequently Asked Questions (FAQs)

Please note:

- This document was last updated on March 22, 2017. Please continue to check back for updates.
- Please read the “Important Background Information” document before viewing these FAQs

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Pre-Open Enrollment To-Do's

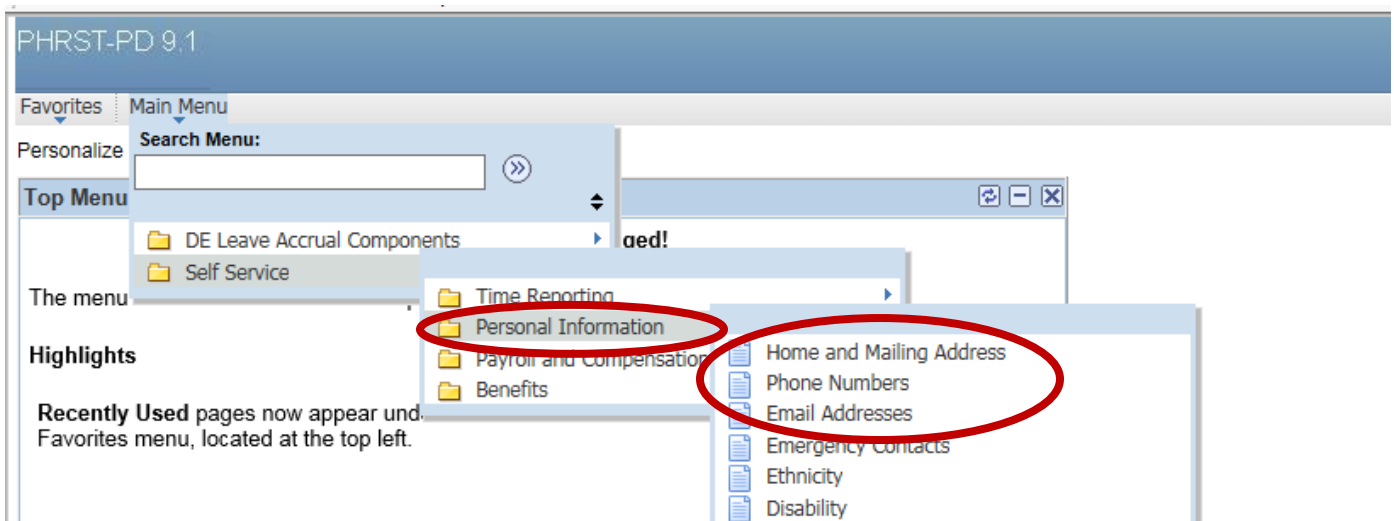
(1) What should benefit-eligible employees do before Open Enrollment to ensure they are ready?

Prior to Open Enrollment, all benefit-eligible employees are *strongly encouraged* to access **Employee Self-Service** (<http://employeeselfservice.omb.delaware.gov/>) and complete the following steps to ensure you are ready:

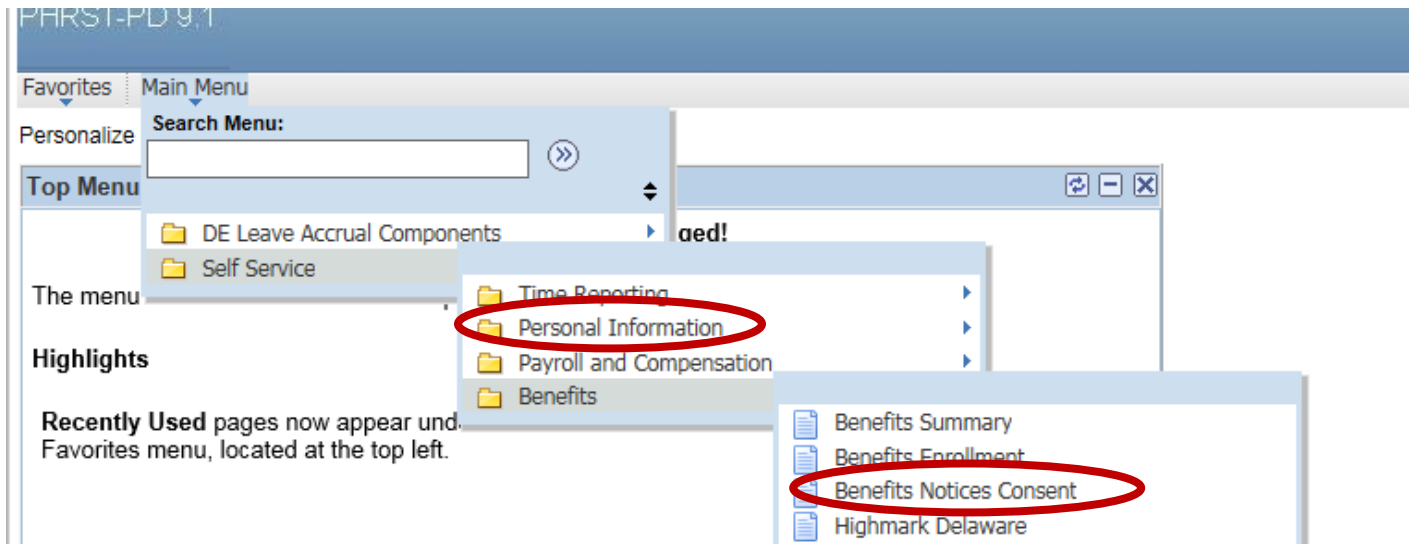
Important: Have questions regarding Employee Self-Service navigation or password resets?

Please email ePay_Security@state.de.us or call 1-866-751-7833. If leaving a message or sending an email, please include the following information: Full Name; Employee ID Number; Telephone Number; State Email Address; and Last four digits of your social security number.

1. Make sure you can **Sign In**.
 - Check out the Employee Self-Service Assistance page (<http://employeeselfservice.omb.delaware.gov>) for helpful tips and resources, including:
 - Accessing Delaware Single Sign-On
 - Employee Self-Service Features
 - First Time User to Delaware Single Sign-On
 - Forgot User ID/Forgot Password
 - Changing Password & Challenge Questions & Answers
 - Frequently Asked Questions
 - Browser Support – **Check to make sure your internet browser is supported by Delaware Single Sign-On.**
 - Contact Information
 - And more...
2. View your **Personal Information** (i.e., phone numbers, home and mailing addresses, etc.) to ensure all information is correct - Make updates as necessary. Having correct contact information is necessary in order for you to receive important materials like ID cards and outreach from your benefit plan providers.



3. **Consent by March 15** to receive your Open Enrollment packet materials (i.e., rate sheet, list of health fairs and [annual notices](#)) online rather than through U.S. mail. Viewing these documents online is convenient, reduces unnecessary paper and saves money in printing and postage. In 2016, the State of Delaware spent **over \$100,000** on member packet mailings for Open Enrollment. *Please note:* Employees only need to consent **one time**. No action is required if you have already consented (anytime from 2015 through March 15, 2017), as your consent will remain in effect and apply to all future benefits information released by the Statewide Benefits Office unless you withdraw your consent to receive benefits information online.



(2) Who do employees contact with questions regarding Employee Self-Service navigation or password resets?

Please email ePay_Security@state.de.us or call 1-866-751-7833. If leaving a message or sending an email, please include the following information: Full Name; Employee ID Number; Telephone Number; State Email Address; and Last four digits of your social security number.

(3) How will benefit-eligible employees who consent to receive their benefits information, Open Enrollment materials and notices online be made aware that the information is available for viewing?

The Statewide Benefits Office will notify benefit-eligible employees via email through an SBO e-Newsletter when the materials are ready for viewing online. Employees must have State of Delaware email access in order to receive the SBO e-Newsletter. HR/Benefit Representatives and Managers should work within their organizations to send SBO e-Newsletters out to those benefit-eligible employees **without** email access.

(4) How long do employees have to consent in Employee Self-Service to receive their 2017 Open Enrollment packet materials and other benefits information online?

Benefit-eligible employees who consent to receiving benefits information online by March 15, 2017, will not receive the 2017 Open Enrollment packet materials (i.e., rate sheet, list of health fairs and [annual notices](#)) through U.S. mail. Instead, these employees will receive an email notification when the 2017 Open Enrollment information and notices are available online. Employees who consent after March 15, 2017 will receive the 2017 Open Enrollment packet materials (i.e., rate sheet, list of health fairs and [annual notices](#)) through U.S. mail; however, all other future benefits information will be provided to the employees online through an email notification.

(5) What do employees need to do in order to make sure they receive a confirmation email that their consent notice was received?

In order to receive a confirmation email that your consent notice was received by Statewide Benefits, please be sure to check that your email address is up-to-date and listed in Employee Self-Service (Main Menu → Self-Service → Personal Information → Email Addresses) prior to submitting your consent. If there is not one listed, you can select “Add Email Address”, enter your email address and designate a Preferred email.

(6) What things do employees need (i.e., computer hardware, software, etc.) in order to access and retain the materials electronically?

To access your notices and other benefits information, you will need a valid e-mail address, a personal computer or other device that is capable of accessing the Internet and Adobe Acrobat Reader. If you wish to retain or save your notices, your access device must have the ability to download to your hard drive, or any external media storage, or to print the notices.

(7) What happens if employees change their mind after they complete the consent?

Benefit-eligible employees can access Employee Self-Service at <http://employeeselfservice.omb.delaware.gov> at any time to withdraw their consent to receive benefits information online.

New Features

(8) Why are the Highmark IPA/HMO and Highmark CDH Gold Plans no longer available as of July 1, 2017?

In December 2016, the SEBC approved the contract awards for the medical (health plan) third party administrators (TPAs) to serve the GHIP, effective July 1, 2017: Aetna to administer the Consumer Directed Health Plan (CDH) and HMO Plan; and Highmark Delaware to administer the First State Basic PPO Plan, Comprehensive PPO Plan, and Special Medicfill Medicare Supplement Plan (available only to Medicare pensioners). The recommendation for contract awards was the culmination of well over seven months of planning, education and discussion. Currently, employees and non-Medicare pensioners have six plans to choose from; however, there are two HMO and two CDH Gold plans with nearly identical plan designs and premiums. Decreasing the plan offerings from two HMO and CDH plans to one CDH and HMO plan allows for an easier decision making process for eligible members and increases administrative efficiency.

(9) What will happen to members currently enrolled in the Highmark IPA/HMO Plan and Highmark CDH Gold Plan, since they are no longer available as of July 1, 2017?

The IPA/HMO Plan and CDH Gold Plan offered through Highmark Delaware will no longer be available effective July 1, 2017; therefore, these plans will not be available for selection during Open Enrollment. Employees currently enrolled in either plan will be automatically defaulted at the start of Open Enrollment into the Aetna equivalent plan.

Highmark IPA/HMO employees that log into Employee Self-Service will see their “New” and “Current” Coverage effective July 1, 2017 as being the Aetna HMO Plan, and the same will apply for Highmark CDH Gold Plan as they will be automatically moved to the Aetna CDH Plan, and keep the same coverage tier they are currently in (either employee only, employee and spouse, employee and child(ren) or family).

Employees who are enrolled in the Highmark IPA/HMO or CDH Gold Plan in the current plan year and take no action during Open Enrollment will have coverage in the corresponding Aetna HMO or CDH Plan for the plan year that begins July 1, 2017. Their coverage will not be terminated if they take no action during Open Enrollment; however, these employees will lose the opportunity to consider other plans until the next Open Enrollment unless they experience a qualifying event during the plan year. Please see Question #12 about the importance of selecting a PCP for the Aetna HMO Plan.

(10) What will happen to employees currently enrolled in the Highmark CDH Gold Plan who have unused HRA funds at the end of the plan year?

If you enroll in the Aetna CDH Gold plan effective July 1, 2017, and you were enrolled in either the Highmark or Aetna CDH Gold Plan through June 30, 2017, any unused HRA funds will rollover to the new plan year.

(11) What will happen if an employee is currently enrolled in the Highmark IPA/HMO or CDH Plan and chooses not to actively participate in Open Enrollment? Will they still be enrolled in a health plan for the plan year that begins on July 1, 2017?

Employees who are enrolled in the Highmark IPA/HMO or CDH Gold Plan in the current plan year and take no action during Open Enrollment will have coverage in the corresponding Aetna HMO or CDH Plan for the plan year that begins July 1, 2017. Their coverage will not be terminated if they take no action during Open Enrollment; however, these employees will lose the opportunity to consider other plans until the next Open Enrollment unless they experience a qualifying event during the plan year. Please see Question #12 about the importance of selecting a PCP for the Aetna HMO Plan.

(12) Do employees need to actively select a Primary Care Provider (PCP) if they are currently a Highmark IPA/HMO member and automatically default into the Aetna HMO plan?

Employees currently enrolled in a Highmark IPA/HMO plan who automatically default into the Aetna HMO plan at the start of Open Enrollment and do not log into Employee Self-Service during Open Enrollment to select a PCP under the Aetna HMO plan, will have a PCP automatically assigned to them by Aetna (based on location/proximity of the member to the provider’s office). This is in part because Highmark and Aetna use different provider codes which systematically does not allow for a transfer of PCP information from one vendor to another.

Employees defaulting or enrolling in the Aetna HMO Plan are encouraged to use Aetna’s [DocFind](#) during Open Enrollment to locate a PCP they want and select their chosen provider in

Employee Self-Service. To locate a PCP using DocFind, under Provider Category select “Medical Providers” and under Provider Type select “Primary Care Physicians”.

After Open Enrollment closes, employees wanting to change their Aetna PCP will need to contact Aetna directly at 1-877-542-3862.

(13) What consumerism resources will be available prior to and during Open Enrollment to help employees make informed decisions?

In early April 2017, SBO will launch a curriculum of online mini-videos (5-15 minutes each) to educate employees and pensioners on What’s New for Open Enrollment, the myBenefitsMentor consumer decision tool, the health plans offerings and the Coordination of Benefits policy. In mid to late April, SBO will launch an online, Interactive Open Enrollment Benefits Guide which replaces the standard, static Open Enrollment PDF Booklet. Employees and pensioners will be able to drive the user experience. The Interactive Open Enrollment Benefits Guide will use audio and screen interaction with employees and pensioners to help them learn about available benefits including navigation demos of the SBO website. The myBenefitsMentor online tool is scheduled to go live in late April and employees and non-Medicare pensioners will receive a welcome letter introducing them to the resource. SBO encourages benefit-eligible employees to use these consumerism resources (i.e., myBenefitsMentor, online mini-videos, Interactive Open Enrollment Benefits Guide, etc.) prior to and during Open Enrollment, as a way to assist them in being a wise health care consumer when selecting the benefit plans that best meet their needs and the needs of their family. Be on the lookout for additional details.

(14) How will employees access the online mini-videos?

The videos will be available in the Delaware Learning Center (DLC) and a separate website access link for employees who don’t have access to the DLC. Be on the lookout for additional details.

(15) Do employees have to complete the online mini-videos?

All benefit-eligible employees are encouraged to actively participate in Open Enrollment as this is their once a year opportunity to make changes and/or enroll in the benefits available to them. The “What’s New for Open Enrollment” video of the curriculum highlights important changes and additional services available in the plan year ahead. In early April, benefit-eligible employees with access to the DLC will be automatically enrolled/assigned the curriculum and will receive targeted emails and reminders to complete by May 15 (Employees will need to complete the “What’s New” video and Evaluation in order for the course to show as finished). The other videos - myBenefitsMentor, review of health plans, etc. are not required to finish in order for the curriculum to show as completed. However, it is to the benefit of employees to take and become familiar with the content in the other videos to aid them in their decision making. Be on the lookout for additional details.

(16) What is the myBenefitsMentor® Consumer Decision Tool?

The myBenefitsMentor® consumer decision tool is designed to help you make the best selection from the four health plans offered by the State of Delaware. Your prior State of Delaware usage (if historical claims data is available) of health and prescription services, a recommendation on the most cost effective plan and other helpful tips are outlined in a personalized and confidential letter that you will receive at your address that is listed in Employee Self-Service. This information will also be available in the online decision tool that is accessed through Employee Self-Service. The myBenefitsMentor online solution also provides the ability to make adjustments in historical utilization based on anticipated health care needs in the year ahead. Employees and non-Medicare pensioners have the ability to add major healthcare services and view a customized enrollment guide that incorporates those expected health care needs, compares estimated total costs by plan and provides them with personal recommendations on the plan that is best for them and their family.

(17) What information will be available in the myBenefitsMentor letter and online tool?

The myBenefitsMentor consumer decision tool welcome letter that will be mailed to State of Delaware employees and non-Medicare pensioners in late April, demonstrates the State of Delaware's commitment to giving benefit eligible employees and pensioners access to information that helps them to be wise healthcare consumers. The letter will contain a summary of historic healthcare cost and service experience and personalized plan comparison information to help them make an informed decision about the health plan option most appropriate for them and their family. The online solution provides this information as well as the ability to make adjustments in historical utilization based on anticipated health care needs in the year ahead. Employees and non-Medicare pensioners have the ability to add major healthcare services and view a customized enrollment guide that incorporates those expected health care needs, compares estimated total costs by plan and provides them with personal recommendations on the plan that is best for them and their family.

(18) Do employees have to use the myBenefitsMentor online consumer decision tool to make their plan selections?

myBenefitsMentor is an online consumer decision tool that will be a new feature available in Employee Self-Service in the Benefits tab. It will be separate from Benefits Enrollment where employees make their plan elections or changes to their existing plan elections. SBO is encouraging all benefit-eligible employees to utilize this tool in order to help them determine which medical (health) plan is right for them. It is not mandatory that they utilize this tool and employees can make their Open Enrollment plan elections without accessing this tool.

Plan Changes And Rates

(19) Are there changes to the 2017 benefit plan design and rates?

On March 6, 2017, the State Employee Benefits Committee (SEBC) voted to make no changes to the rates or plan designs of the health plans available to State of Delaware employees and non-Medicare pensioners for the plan year that begins on July 1, 2017. The SEBC will revisit as

needed, changes to the Group Health Insurance Program (GHIP) health plans and rates based on Governor Carney's Budget Reset.

(20) Where can I find the 2017 benefit plan rates?

The Health, Dental and Vision Rate Sheet effective July 1, 2017 is available online at de.gov/statewidebenefits (Select the "Open Enrollment" button).

Enrollment

(21) When is Open Enrollment?

The Open Enrollment period for State Agency employees is May 14 - 26, 2017.

(22) Do all employees have to complete Open Enrollment this year, regardless of whether they are making any changes?

All benefit-eligible employees are *strongly encouraged* prior to the start of Open Enrollment to log into Employee Self Service <http://employeeselfservice.omb.delaware.gov>:

- to review and update Personal Information (address, phone number, email address) and
- under the Benefits tab, consider electing to receive Benefits Notices electronically through the Benefits Notices Consent option

During Open Enrollment, benefit-eligible employees are *strongly encouraged* to access the features available in the Benefits tab of Employee Self-Service–

- Benefits Enrollment to review current benefit elections and make changes,
- To use a new feature, the myBenefitsMentor consumer decision tool to determine which available medical health plan is right for them,
- Spousal Coordination of Benefits Form if they will cover a spouse for the plan year that begins July 1, 2017, and Benefits Summary to review and confirm that their benefit elections are correct

State medical (health), dental and vision plan enrollment for the current plan year will continue or carry over into the new plan year which begins on July 1, 2017 if the employee does not log into Benefits Enrollment to review their current benefit elections and authorize elections by clicking Submit to submit and process their choices. Employees currently enrolled in the Highmark IPA/HMO and Highmark CDH plans (which will be discontinued after June 30, 2017) who do not access Benefits Enrollment during Open Enrollment will be defaulted into the same plan type and tier offered by Aetna.

(23) Are employees able to make corrections to their benefit elections after Open Enrollment ends on May 26?

Employees who notice an error on their Benefits Summary after Open Enrollment ends on May 26 must contact their Human Resources/ Benefits Office with the necessary changes no later than June 2, 2017. **No corrections will be made after June 2, 2017 including requests made to Human Resources/Benefit Offices after ID cards are received or members try to use services after the start of the plan year.**

Events

(24) Is the State of Delaware offering Open Enrollment Employee Education Sessions and Health Fairs again this year?

Yes, details on the dates, times and locations of these events can be found at de.gov/statewidebenefits (Select the “Open Enrollment” button).

(25) What are the Statewide Benefit Open Enrollment Employee Education Sessions and Health Fairs?

Employee Education Sessions provide employees an opportunity to engage, ask questions and learn about: What’s changing in the health plan offerings on July 1, 2017; and how to engage in this Open Enrollment and take advantage of new and exciting consumerism tools. Representatives from the various benefit vendors will be available 30 minutes before and after the event for employees to visit their information tables to ask questions and pick up materials/giveaways. Register online at de.gov/statewidebenefits (Select the “Open Enrollment” button) to attend one of the sessions.

The Statewide Benefit Health Fairs provide an opportunity for employees to explore the benefit vendor booths and learn more about their options. No registration; employees can walk-in.

You are welcome to attend the education sessions and health fairs if you are enrolled or are eligible to enroll in the State of Delaware Group Health Insurance Program (GHIP).

(26) Can my spouse and/or dependents attend the Statewide Benefit Open Enrollment Employee Education Sessions and Health Fairs?

Due to limited seating available, the employee education sessions are not offered to spouses and dependents. Spouses and dependents who are enrolled or eligible to enroll in the GHIP are allowed to attend the health fairs.